UNITED STATES PROBATION OFFICE DISTRICT OF VERMONT REQUEST FOR PERMISSION TO TRAVEL

(All requests must be received by your Probation Officer <u>at least two (2) weeks prior to requested travel time</u>)

Complete entirely and legibly

NAME:			
DATE:			
OFFICER:			
REQUEST PERMISSIO	N TO TRAVEL TO: (0	City and State)	
LEAVING:		RETURNING:	
I WILL BE STAYING A	ΛT:		_
			_
City/State/Zip:			-
Telephone:			-
IF RESIDING W	TITH FAMILY OR FR	IEND, INCLUDE NAME AI	ND RELATIONSHIP:
PURPOSE OF TRIP:			
PERSONS TRAVELING	G WITH YOU:		
airline or bus, attach itinera	ry.)	obile, include vehicle descriptio	n & license plate number, if
□Approved	□Denied		
11 "		United Stated Pro	bation Officer